Bulletin

June 24, 2010

Health care home guidelines (S0280/S0281 procedure codes)

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) will accept certain claims for payment of health care home (HCH) care coordination services incurred on or after July 1, 2010, and billed via procedure codes S0280 or S0281.

The development of health care homes in Minnesota is part of the health reform legislation passed in Minnesota in May 2008. The legislation includes payment to providers for partnering with eligible patients and families to provide coordination of care.

Blue Plus' Minnesota Department of Human Services (DHS) 2010 Contracts require that individuals with complex or chronic conditions be able to access services through a certified health care home effective July 1, 2010. These provisions impact individuals enrolled in Minnesota Health Care Programs (MHCP), including Blue Advantage, MinnesotaCare, SecureBlue℠ (HMO), CareBlue℠ (HMO), Minnesota Senior Health Options (MSHO), Special Needs Basic Care (SNBC), and Minnesota Senior Care Plus (MSC+). These health care home provisions also impact the Minnesota Advantage Health Plan offered by the State Employee Group.

In addition, Blue Cross will accept certain claims for payment of certified health care home care coordination services for Subscribers covered under fully insured Group Contracts, when billed via procedure codes S0280 or S0281. The benefit will not be offered to self-insured groups at this time. Individuals enrolled in our Platinum Blue Medicare Cost products or Medicare Supplement products will also not be affected.

What does this mean for you?

- Blue Cross will not be pursuing separate contracting arrangements for HCH services at this time. Payment for services provided to both commercial Subscribers and Minnesota Health Care Programs Enrollees will be made at your then-current contracted rate of reimbursement for Health Services.

- Members will not have copayments or coinsurance for HCH care coordination, except in the case of fully insured commercial Subscribers covered under a Health Savings Account (HSA), as per Internal Revenue Service requirements (see below).

- To the extent that Blue Cross has global payment arrangements with providers or other alternative reimbursement arrangements that already include HCH-type care coordination arrangements Blue Cross will not give the provider a separate payment under the HCH requirement.

- Enrollment in a health care home is voluntary and based on information collected and documented by the provider. Providers are required to maintain a registry of health care home participants. Health plans have worked with the AUC to develop standardized billing codes for health care home services. Individuals are not prohibited from being enrolled in more than one HCH, but health plans are only required to pay for a single HCH for each member.

- Blue Cross will comply with health care homes legislation in the processing of care coordination fees incurred by our impacted State Health Plan members effective July 1, 2010. There will be no cost sharing for either the Minnesota Advantage Health Plan or the Advantage Consumer Directed Health Plan offered by the State Employee Group Insurance Plan. Health care homes care coordination will not be a covered service for members of the Public Employee

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Insurance Plan.

● Because Blue Cross has no administratively feasible way to identify a member's "real" HCH, we will pay the first claim that we receive each month. Additional claims will not be paid.

Certified health care home care coordination services

Certified health care home care coordination services will be accepted for fully insured commercial business and Minnesota Health Care Programs for reimbursement under procedure codes S0280 or S0281, subject to the following limitations:

● Subscribers who are **not** covered under a Health Savings Account (HSA) plan:

1. For code S0280: Allow once per 12 months for each patient/provider combination. No patient out of pocket should be applied. The code will be allowed per provider contract. Code S0280 billed more than once per 12 months for each patient /provider combination will be denied with Claim Adjustment Reason Code 119 and Remark Code M90.
2. For code S0281: Allow once per month for subsequent months. No patient out of pocket should be applied. The code will be allowed per provider contract. Code S0281 billed more than once per month for each patient will be denied with Claim Adjustment Reason Code 119 and Remark Code M86.

● Subscribers who are Health Savings Account (HSA) plan members:

1. For code S0280: Allow once per 12 months for each patient/provider combination. Patient deductible/ coinsurance will apply per Internal Revenue Service (IRS) regulations. The code will be allowed per provider contract. Code S0280 billed more than once per 12 months for each patient /provider combination will be denied with Claim Adjustment Reason Code 119 and Remark Code M90.
2. For code S0281: Allow once per month for subsequent months. Patient deductible/coinsurance will apply per IRS regulations. The code will be allowed per provider contract. Code S0281 billed more than once per month for each patient will be denied with Claim Adjustment Reason Code 119 and Remark Code M86.

Questions?

If you have questions, please contact provider services at **(651) 662-5200** or toll free at **1-800-262-0820**.